City of Kelso Application For Employment

Human Resources Use Only

City of Kelso PO Box 819 Kelso, WA 98626 **An Equal Opportunity Employer** You must submit a separate Application for each position. Read the Position Opening Announcement to see if a Supplemental Questionnaire is required.

| DO NOT submit a photograph of yourself. | |
|---|--|
| | |

| Complete all information from | n this point forward. An incomplet | e Application may disquali | fy you from furt | her consideration. | | |
|---|--|------------------------------------|---------------------|---------------------------|--|--|
| Applicant: Write the Job # Here | Applicant: Write the Position | on Title of the Job you are ap | plying for here | | | |
| Name | (Last) | (First) | | (Middle) | | |
| Address | | | | | | |
| | City | State | Zip | | | |
| | have the Are | | Email | | | |
| Highest Grade Completed: 8 | 9 10 11 12 | GED | | | | |
| Colleges/Other Training | Subject/Major | Degre | e/Certificate | Date Completed | | |
| CRIMINAL CONVICTION | | | | | | |
| | obligation to employ qualified persons a | and its entitlement under law to c | onsider an applican | t's convictions record as | | |
| The City of Kelso is mindful of its obligation to employ qualified persons and its entitlement under law to consider an applicant's convictions record as it relates to job performance. A conviction record will not disqualify you for employment unless such record would reasonably affect your fitness for the job for which you have applied. Have you been convicted of a felony or released from prison within the last ten (10) years, or have been convicted of a misdemeanor other than minor traffic offenses within the past three (3) years? YES NO If Yes, Please Explain | | | | | | |
| PROFESSIONAL REFERENCE | S (Do Not List Relatives) | | | | | |
| Name/Title | Employer | | Phone | () | | |
| Name/Title | Employer | | Phone | () | | |
| Name/Title | Employer | | Phone | () | | |
| SIGNATURE IS REQUIRED To the best of my knowledge, the information herein is true and complete. I have read the Position Opening Announcement and I can perform the essential functions of the position for which I am applying, with or without reasonable accommodation. I understand that if I receive a Conditional Offer of Employment for a position where I will have unsupervised access to children, developmentally disabled persons, or vulnerable adults, the City of is required to complete a thorough background check as required by the Child/Adult Abuse Information Act. I understand that I will be tested for the presence of drugs as part of the pre-employment screening if I receive a Conditional Offer of Employment for a position, which requires a Commercial Driver's License. I authorize investigation of all statements in this application. I understand that providing false information on this application is grounds for disqualification/or dismissal. | | | | | | |
| Signature | | Date | | | | |
| WODE HISTORY | | | | | | |

Beginning with your present or most recent employment, list your work/experience history for the last 10 years or experience prior to that time which is directly related to the position for which you are applying. Attach additional sheets as necessary. Be sure to include any non-paid experience, which is related to the job for which you are applying. **Complete the following sections even if you are submitting a resume** in addition to this application. An incomplete application may disqualify you. If you have been known by a different name by any of these employers, please identify the employer and state the name here :

| | | Mo/Year | | Mo/Year |
|---|---|----------|----|------------------|
| Employer's Name | From | | То | |
| Address | Supervisor | | | |
| Phone | Hours Worked | Per Week | | |
| Position | Start Salary | | | |
| Number Of Employees Supervised By You | Last Salary | | | |
| Reason For Leaving | | | | |
| Primary Duties | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | _ | Mo/Year | | Mo/Year |
| Employer's Name | From | | То | |
| Address | Supervisor | | | |
| Phone | Hours Worked | Per Week | | |
| Position | Start Salary | | | |
| Number Of Employees Supervised By You | Last Salary | | | |
| Reason For Leaving | | | | |
| Primary Duties | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Employer's Name | From | Mo/Year | То | Mo/Year |
| Employer's Name Address | From | Mo/Year | То | Mo/Year |
| Address | Supervisor | | То | Mo/Year |
| Address Phone | Supervisor Hours Worked | | То | Mo/Year |
| Address Phone Position | Supervisor Hours Worked Start Salary | | To | Mo/Year |
| Address Phone Position Number Of Employees Supervised By You | Supervisor Hours Worked | | То | Mo/Year |
| Address Phone Position Number Of Employees Supervised By You Reason For Leaving | Supervisor Hours Worked Start Salary | | To | Mo/Year |
| Address Phone Position Number Of Employees Supervised By You | Supervisor Hours Worked Start Salary | | To | Mo/Year |
| Address Phone Position Number Of Employees Supervised By You Reason For Leaving | Supervisor Hours Worked Start Salary | | | Mo/Year |
| Address Phone Position Number Of Employees Supervised By You Reason For Leaving | Supervisor Hours Worked Start Salary | | To | Mo/Year |
| Address Phone Position Number Of Employees Supervised By You Reason For Leaving | Supervisor Hours Worked Start Salary | | | Mo/Year |
| Address Phone Position Number Of Employees Supervised By You Reason For Leaving Primary Duties | Supervisor Hours Worked Start Salary | | To | Mo/Year Mo/Year |
| Address Phone Position Number Of Employees Supervised By You Reason For Leaving | Supervisor Hours Worked Start Salary | Per Week | To | |
| Address Phone Position Number Of Employees Supervised By You Reason For Leaving Primary Duties | Supervisor Hours Worked Start Salary Last Salary | Per Week | | |
| Address Phone Position Number Of Employees Supervised By You Reason For Leaving Primary Duties Employer's Name | Supervisor Hours Worked Start Salary Last Salary From | Per Week | | |
| Address Phone Position Number Of Employees Supervised By You Reason For Leaving Primary Duties Employer's Name Address | Supervisor Hours Worked Start Salary Last Salary From Supervisor | Per Week | | |
| Address Phone Position Number Of Employees Supervised By You Reason For Leaving Primary Duties Employer's Name Address Phone | Supervisor Hours Worked Start Salary Last Salary From Supervisor Hours Worked | Per Week | | |
| Address Phone Position Number Of Employees Supervised By You Reason For Leaving Primary Duties Employer's Name Address Phone Position | Supervisor Hours Worked Start Salary Last Salary From Supervisor Hours Worked Start Salary | Per Week | | |
| Address Phone Position Number Of Employees Supervised By You Reason For Leaving Primary Duties Employer's Name Address Phone Position Number Of Employees Supervised By You Reason For Leaving | Supervisor Hours Worked Start Salary Last Salary From Supervisor Hours Worked Start Salary | Per Week | | |
| Address Phone Position Number Of Employees Supervised By You Reason For Leaving Primary Duties Employer's Name Address Phone Position Number Of Employees Supervised By You | Supervisor Hours Worked Start Salary Last Salary From Supervisor Hours Worked Start Salary | Per Week | | |

AUTHORIZATION TO RELEASE EMPLOYMENT RECORDS

References will only be checked for finalists.

Current and/or prior employers will only be contacted after an applicant has been notified that they are a finalist.

I certify that the information given by me to the City of Kelso is true and complete to the best of my knowledge. I understand that falsification of this application will be grounds for elimination from further consideration or, if employed, may result in immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with City of Kelso interest or those of its clients, nor will I become engaged in such activity or business if employed.

I, the undersigned applicant for employment with the City of Kelso, in consideration of the review of my employment application, do authorize the City of Kelso to solicit information regarding my character, general reputation, previous employment, and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release the City of Kelso from any liability for future references it may provide regarding my work history at the City of Kelso.

If employed, I further agree that if I lose, damage, or fail to return any of the City of Kelso's property, the City of Kelso is authorized to deduct from my wages sufficient funds to replace its property.

It is my intention that any copy of this authorization be as effective as the original.

| Date | | |
|------------------------|--|--|
| Name (Please Print) | | |
| Signature | | |

PO Box 819 Kelso, WA 98626

DRIVING RECORD

(To be completed with application)

| lease Print | Last | First | MI |
|------------------------|--|---|--|
| | 0 0 | citations (other than parking tickets |), which you have |
| State | Month/Year | Type of | Infraction |
| | | | |
| consi The | der your driving record when making information provided above is to | g employment decisions. crue to the best of my knowledge. | I understand that |
| empl | oyment. | - | |
| their State | Infractions or citations will not necessal consider your driving record when making the information provided above is providing false information is cause employment. Signed: Finalists, upon notification that reference their driving abstract to Human Resonant Englishment of Licensing branch procedures. This fee is at the Finalist's City Driving Standards: Applicants for positions in which the occasion of the procedure of the | office for a small fee. Other states | ed at any Washington |
| | edures. This fee is at the Finalist's ov | wir emperise. | may have different |
| Appl 18 ye neces | Driving Standards: icants for positions in which the occue ars old and will be required to pr | upant is expected to operate a motor veoresent a valid Washington State driveords of applicants may be checked. | hicle must be at least er's license with any |

• Accidents

five years.

More than one motor vehicle accident within the preceding three years for which the applicant received a traffic or criminal citation and was convicted, forfeited bail, or entered a plea of "guilty" or "nolo contendere."

violation within the preceding five years; or driving while intoxicated within the preceding

THIS PAGE WILL BE REMOVED FROM THE APPLICATION AND KEPT **SEPARATELY**

| Name: Please Print | Last | | First | | |
|--|--|---|---|----------|--|
| Job #: | Last | | riist | MI | |
| Are you a former | or current City of Kelso Employ | ee? | | | |
| ☐ Yes ☐ No | If Yes, please tell us: | | | | |
| When you worked | | | | | |
| Department | | | | | |
| Position Title | | | | | |
| Supervisor | | | | | |
| Having a relative | employed by the City will not ne | cessarily l | oar you from employment. | | |
| Do you have any r | elatives employed by the City? | Yes [|] No | | |
| If yes, Please list to relationship/s | If yes, Please list their name/s and relationship/s | | | | |
| We would appreciate completion of the Affirmative Action information below. This is entirely voluntary. The City of Kelso is committed to non-discrimination in employment practices. This information will be kept confidential and will be used for Affirmative Action record keeping purposes only. | | | | | |
| Sex Female Male Ethnic Category (Check one) Caucasian African American Hispanic Asian Pacific Islander Alaskan Indian Native American Other | | | | | |
| | you learned of this opening by c | rcling the | | | |
| Seattle Times Work Source The Daily Ne City of Kelso Internet (gene Vancouver C Tacoma New Oregonian Spokesman R Jobs Availabl AWC job Ne | ews o (Job line/TV/Walk in) eral) olumbian s deview de | 11. 12. 13. 14. 15. 16. 17. 18. 19. | Library School/College Friend/Relative City of Kelso Employee Professional Publications/Internet Site | | |
| | NASSEMBLY and HIRING Prication materials in this order: | | S: of Kelso Application Front Page, 2: World | <u>k</u> | |
| History, 3: Supplemental Questionnaire (<i>if required</i>), 4: Authorization To Release Employment Records, 5: Driving Record. 6: The following optional items may follow in this order: cover letter, resume, reference list, etc. Please make 7: this sheet the LAST PAGE, as it will be removed. Staple | | | | | |

everything together in the top left corner.

Those applicants who submit a complete and timely application and are invited to participate in the testing and/or interview stages of the selection process will be notified by phone, email, or mail. Those who are not will be notified by mail. Incomplete or late applications will not receive notification. Application screening is scheduled to begin on the first business day following the closing date and may take 5-10 business days.

Thank you for considering us as your prospective employer.